

**PLEASE NOTE: UEF DOES NOT WAIVE ANY JURISDICTIONAL DEFECT
BY ITS POSSIBLE FAILURE TO NOTE IT BELOW.
THIS FORM IS FOR THE CONVENIENCE OF THE PARTIES ONLY.**

IDENTIFICATION OF EMPLOYER DEFENDANT

- _____ Business name insufficient identification
- _____ Misnaming or ambiguous naming of defendant
- _____ Not all employers identified

FAILURE TO ESTABLISH NON INSURANCE

- _____ WCIRB report on wrong employer
- _____ WCIRB report does not refer to date of injury
- _____ WCIRB report inadequate for CT
- _____ Insurance Exists

DEFECT IN SERVICE DOCUMENTS

- _____ Application without identification number
- _____ Name on Special Notice not match application
- _____ Application not preceded by service of Notice of Claim (Post 1990)

DEFECTIVE SERVICE

- _____ Address of service not match Special Notice or Application
- _____ No proof that location of service was current address (business or residence) of defendant
- _____ No proof that person served was authorized
- _____ No proof that location of service is office of agent
- _____ Improper use of service by mail to effect POPS in State
- _____ Substitute service on defendant wrong type
- _____ No declaration of due diligence
- _____ No follow-up service by mail (Substitute Service)
- _____ Service by publication not in compliance with Judicial Council guidelines

DEFECTIVE RETURN OF SERVICE

- _____ Not all necessary documents served
- _____ Return not on Judicial Council forms or equivalent
- _____ "Notice To Person Served" inadequate or missing
- _____ Failure to serve multiple defendants separately

DUE PROCESS FAILURES

- _____ Failure to serve D/R on both employer and UEF
- _____ Failure to serve in advance med reports and liens on both employer and UEF
- _____ Failure to serve UEF in advance with proof of service on employer
- _____ Failure to give employer notice of hearing at best available address

DISCOVERY

- _____ Failure to respond to UEF letter requesting information, dated _____.
- _____ UEF needs further discovery as follows for the following reason:

_____ OTHER

SOME USEFUL CONTACTS TO IDENTIFY EMPLOYERS

Trucking Firms

Department of Motor Vehicles
Motor Carrier Permit Branch
P O Box 932370 - MS G875
Sacramento CA 94232-8153
(916) 657-8153

Limousine Companies

Public Utilities Commission
License Section
505 Van Ness, #2104
San Francisco, CA 94102
(415) 703-2063

U S Department of Transportation database of registered motor carriers:

<http://www.safersys.org>

Liquor Stores, Restaurants, Bars

Clerk's Office – to obtain any FBNS filed. Letter needs to be sent to County Clerk.

Orange County Clerk Recorder
12 Civic Center Plaza
Santa Ana CA 92702

City Business License Office - All cities have one

Department of Alcoholic Beverage Control

District Office
28 Civic Center Plaza, Room 369
Santa Ana, CA 92701
(714) 558-4101

Secretary of State to find out if employer is a corporation, or limited liability company

1500 Eleventh St., 3rd Floor
Sacramento CA 95814-5701

You need to send original and 2 copies.

Board of Equalization (Have information on Sales tax)

450 N Street
Sacramento CA 95814
(800) 400-7115

Department of Consumer Affairs (Licensing Agency. They license all professions except attorneys)

400 R Street
Sacramento CA 95814

(800) 952-5210

District office in Orange County is located at:
1561 E. Orangethorpe Avenue, #220
Fullerton CA 92631
(714) 680-7851

CONSTRUCTION

Contractors' State License Board

9835 Goethe Road
Sacramento CA 95814
You need to send subpoena to get copy of file

District office in Santa Ana is located at:
28 Civic Center Plaza, Room 351
Santa Ana CA 92701
(714) 558-4086

City Building Permit

If city is independently incorporated, it will have its own city building department. If not, check with county.

Hall of Administration (Property Check)

Each county has one.

Franchises

First thing is to contact Franchiser

ESTABLISHING INSURANCE COVERAGE

Workers Compensation Insurance Rating Bureau
525 Market St., Suite 800
San Francisco CA 94105-2761
You must use the **exact** name and address(-es).